Modeling and Optimization of Printed Spiral Coils in Air, Saline, and Muscle Tissue Environments

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Abstract—Printed spiral coils (PSCs) are viable candidates for near-field wireless power transmission to the next generation of high-performance neuroprosthetic devices with extreme size constraints, which will target intraocular and intracranial spaces. Optimizing the PSC geometries to maximize the power transfer efficiency of the wireless link is imperative to reduce the size of the external energy source, heating of the tissue, and interference with other devices. Implantable devices need to be hermetically sealed in biocompatible materials and placed in a conductive environment with high permittivity (tissue), which can affect the PSC characteristics. We have constructed a detailed model that includes the effects of the surrounding environment on the PSC parasitic components and eventually on the power transfer efficiency. We have combined this model with an iterative design method that starts with a set of realistic design constraints and ends with the optimal PSC geometries. We applied our design methodology to optimize the wireless link of a 1-cm² implantable device example, operating at 13.56 MHz. Measurement results showed that optimized PSC pairs, coated with 0.3 mm of silicone, achieved 72.2%, 51.8%, and 30.8% efficiencies at a face-to-face relative distance of 10 mm in air, saline, and muscle, respectively. The PSC, which was optimized for air, could only bear 40.8% and 21.8% efficiencies in saline and muscle, respectively, showing that by including the PSC tissue environment in the design process the result can be more than a 9% improvement in the power transfer efficiency.

Index Terms—Implantable microelectronic devices, inductive wireless links, neuroprostheses, power transmission efficiency, printed spiral coils (PSCs), telemetry.

I. INTRODUCTION

COCHLEAR implants, spinal cord stimulators, infusion pumps, and artificial hearts are among an ever-growing number of implantable devices that are wirelessly powered across the skin barrier through a pair of inductively coupled coils [1]. A common requirement among these otherwise diverse biomedical devices is that their average power consumption is higher than what a battery, fitting within the anatomically available space for implantation, can provide.

Research is currently underway to develop a whole new group of implantable devices, such as retinal implants and intracranial brain-computer interfaces (BCI), with even stricter size constraints. These are expected to be placed inside the eyeball through a 5-mm incision or within the 1~3-mm epidural spacing between the outer surface of the brain and the skull [2], [3]. Therefore, the need for more efficient wireless power transmission from outside into the human body, with a much smaller footprint, is only expected to grow.

Fig. 1 shows a simplified schematic diagram of a transcutananeous inductive power transmission link, which operates like a transformer. \( L_1 \) is the primary coil that is attached to the skin from outside of the body, driven by an ac source \( V_S \), which is often an efficient class-E power amplifier [4]. \( L_2 \) is the secondary coil that is implanted under the skin flap along with the rest of the implant electronics. A pair of permanent magnets, one in the center of each coil, can align and hold them together to maximize their mutual inductance \( M \). Coil windings have parasitic resistance and capacitance associated with them, which are represented in Fig. 1 by lumped elements \( R_S, R_p, \) and \( C_p \). Capacitors \( C_{S1} \) and \( C_2 \) are also added to form a pair of resonant LC-tank circuits with \( L_1 \) and \( L_2 \), respectively, at the power carrier frequency \( f \).

So far, these coils have been fabricated with thin wires by using sophisticated winding machinery [5]. However, the need for much smaller footprints in the next generation of high-performance-implantable devices calls for higher geometrical precision and potential for integration on chip or on package. This would require microfabrication techniques that result in lithographically defined planar structures that are known as printed spiral coils (PSCs). PSCs offer more flexibility in defining their characteristics, and have the ability to conform to the body curvature if fabricated on thin flexible substrates, such as polyimide or parylene [6]. Rigid hermetically sealed PSCs can also be fabricated on silicon chips or low-temperature cofired ceramic (LTCC) packages using micromachining (MEMS) technology [7]–[9].

Design and optimization of inductive links with coils made of 1-D filaments have been well studied over the last few decades to find the coil geometries and circuit elements in Fig. 1 that would
maximize the amount of power induced in $L_2$ [5], [10]–[15]. We recently summarized these studies in [16] and combined the theoretical foundation of optimal power transmission in inductive links with simple models that would indicate $M$ between a pair of PSCs, their quality factors, and parasitic components. The result was an iterative PSC design methodology that starts with a set of realistic design constraints imposed by the application and PSC fabrication process, and ends with the optimal PSC geometries for maximum power efficiency [16].

For the sake of simplicity, our models in [16] did not include the effects of the PSC surrounding environment. In other words, we only considered the PSC operation in air, which is appropriate for radio-frequency identification (RFID) [17]. However, implantable devices are hermetically sealed in biocompatible materials and surrounded by the conductive tissue underneath the skin. Considering the effects of surroundings in PSC models is imperative in the optimization process because it can affect the PSC parasitic components in Fig. 1 which, in turn, affect the power transfer efficiency.

In this paper, we improve the accuracy of our models in Section II by adding the effects of the PSC coating, substrate, and surrounding environments. We also consider some of the key secondary effects in estimating parasitic components, which play an important role in indicating the PSC quality factor $Q$. In Section III, we utilize the new models in the same iterative optimization method as in [16] by using a combination of closed-form equations in MATLAB (MathWorks, Natik, MA) and verification in finite-element analysis (FEA) tools in HFSS (Ansoft, Pittsburgh, PA). The result is three sets of PSCs, whose geometries are optimized for air, saline, and muscle environments. These PSCs were fabricated on FR4 and characterized in all three environments in Section IV to compare their power transfer efficiency, and validate our PSC models and iterative design procedure.

II. THEORETICAL MODELING OF IMPLANTED PSCS

The lumped equivalent circuit model of each PSC in Fig. 1 is enclosed in dash-dot boxes. In the following text, we construct a realistic theoretical model for PSCs and discard the numerical subscript wherever we refer to implanted and external PSCs. The lumped parasitic components of the PSC model are influenced by its geometry, material composition, and surrounding environment.

A. Inductance

In this paper, all PSCs are square shaped with rounded corners that have a radius of about a tenth of the side length of the PSC ($d_o/10$) to eliminate sharp edges. Several closed-form equations have been proposed to approximate $L$ in PSCs. We adopted (1) from [18] for square shaped coils

$$L = \frac{1.27 \cdot \mu \cdot n^2 \cdot d_{\text{avg}}}{2} \left[ \ln \left( \frac{2.07}{\varphi} \right) + 0.18 \varphi + 0.13 \varphi^2 \right]$$

(1)

where $n$ is the number of turns, $\mu = \mu_0 \mu_r$ is permeability, and $d_{\text{avg}} = (d_o + d_i)/2$, where $d_o$ and $d_i$ are the outer and inner side lengths of the coil, respectively. $\varphi = (d_o - d_i)/(d_o + d_i)$ is a parameter known as fill factor, which changes from zero to one, when all of the turns are concentrated on the perimeter in filament coils, to one, when the turns spiral all the way to the center of the PSC. The accuracy of (1) has an indirect relationship with the $s/w$ ratio, where $w$ and $s$ are the PSC metal line width and spacing, respectively. According to [18], the error in (1) is 8% for $s/w \leq 3$ and increases for $s/w > 3$. Moreover, the accuracy of (1) degrades with $\varphi \leq 0.1$ or $n \leq 2$.

B. Capacitance

Parasitic capacitance $C_P$ is mainly determined by the spacing between planar conductive traces and their surrounding materials. Implantable PSCs are implemented on organic, ceramic, or silicon substrates and coated by an insulator, such as Parylene or silicone. When implanted, they are surrounded by tissue and fluids that have high permittivity, which significantly increase the parasitic capacitance of the PSCs compared to when they are operated in air. To model the unit length parasitic capacitance of an implanted PSC, we can consider it as a coplanar stripline sandwiched between several layers of dielectric substrates, as shown in Fig. 2.
In order to calculate the capacitive coupling between coplanar conductors embedded in a multilayer structure, the effective relative dielectric constant $\varepsilon_{r_{\text{eff}}}$ of the multilayer structure has to be estimated. It should take into account the effect of all layers and their thicknesses as opposed to only one surrounding material. Conformal mapping is one of the spatial transformation schemes mainly used in the calculation of static 2-D unbounded field problems. Using conformal mapping and superposition of partial capacitances, we have derived the following analytical equations [19]–[21].

Fig. 2 shows the cross section of two traces of the external PSC. The planar metal traces are implemented on a substrate that provides mechanical support and coated on both sides by an insulator. One side of the PSC is air and the other side is the tissue or saline (in some of our measurements). To simplify our analysis, we have considered the tissue only as a single homogeneous layer. To be more realistic, one should discriminate between the skin, fat, muscle, blood, and bone properties [26], [27]. From the conformal mapping technique and superposition of individual layers, the total capacitance per-unit length of the external PSC can be expressed as

$$C_{\text{ext}} = \varepsilon_{r_{\text{eff}}} C_0 = C_0 + C_{01} + C_{02} + C_{03} + C_{04} + C_{05} \tag{2}$$

where $C_0$ is the capacitance between adjacent traces in free space and $C_{0i}$ ($i = 1 \sim 5$) is the additional partial capacitance of each planar dielectric layer in Fig. 2. Theoretically

$$C_0 = \varepsilon_0 \frac{K(k_0)}{K(k_0')}, \quad k_0 = \frac{2s}{s + 2w}, \quad k_0' = \sqrt{1 - k_0^2} \tag{3}$$

where $K(k_0)$ is the complete elliptic integral of the first kind [19]. $\varepsilon_{r_{\text{eff}}}$ of coplanar PSC traces embedded in Fig. 2 multilayer structure can be found from

$$\varepsilon_{r_{\text{eff}}} = 1 + \frac{1}{2} (\varepsilon_{r1} - 1) \frac{K(k_0)K(k_1')}{K(k_0')K(k_1)} + \frac{1}{2} (\varepsilon_{r2} - \varepsilon_{r1}) \frac{K(k_0)K(k_2')}{K(k_0')K(k_2)} + \frac{1}{2} (\varepsilon_{r3} - 1) \frac{K(k_0)K(k_3')}{K(k_0')K(k_3)} + \frac{1}{2} (\varepsilon_{r4} - \varepsilon_{r3}) \frac{K(k_0)K(k_4')}{K(k_0')K(k_4)} + \frac{1}{2} (\varepsilon_{r5} - \varepsilon_{r4}) \frac{K(k_0)K(k_5')}{K(k_0')K(k_5)}$$

where $\varepsilon_{r1}$ and $t_0$ are the relative dielectric constant and thickness of dielectric layers in Fig. 2, respectively [19]–[21].

Up until this point, we have not yet considered the effect of the PCS metal thickness, $t_0$, which increases all components of $C_{\text{ext}}$ in (2). A good way to include $t_0$, according to [21], is to adjust the PSC line width and spacing by $2\Delta$, where

$$\Delta = \frac{t_0}{2\pi \varepsilon_c} \left[ 1 + \ln \left( \frac{8\pi w}{t_0} \right) \right] \tag{5}$$

and $\varepsilon_c$ is the mean value of the permittivities of the layers in contact with the strips, as shown in Fig. 3.

In order to access the PSC inner terminal, a conductor should bridge across all other turns of the PSC in a different layer and make a connection to the PSC metal layer through a via. This would result in additional parasitic capacitance between the two overlapping metal layers. The overlapping trace can be considered a microstrip line with the overlapping trace capacitance of

$$C_{\text{ov}} = \varepsilon_0 \varepsilon_r \frac{A_{\text{ov}}}{t_{\text{ov}}} \tag{6}$$

where $A_{\text{ov}}$ is the overlapping area and $t_{\text{ov}}$ is the spacing between the two metal layers, which could be equal to $t_0$ in Fig. 2 if the substrate has only two metal layers, one on each side. According to [33], the effective dielectric constant between two conductive plates can be found from

$$\varepsilon_{r_{\text{eff, ov}}} = \frac{\varepsilon_{r0} + 1}{2} + \frac{\varepsilon_{r5} - 1}{2} \left( 1 + \frac{12}{\pi \varepsilon_0} \right)^{-1/2} - \frac{1}{4.6 \sqrt{\varepsilon_0}} \frac{t_0}{t_0} \frac{t_0}{t_0} \tag{7}$$

which includes the fringing effect and thickness of the conductive traces. In our case, since $t_0$ is relatively large, $C_{\text{ov}}$ is less than 2% of the total parasitic capacitance. However, $C_{\text{ov}}$ can be significant in integrated or micromachined (MEMS) PSCs, where multiple metal layers are separated by thin dielectric films. Overall, the total parasitic capacitance of the external PSC can be calculated from

$$C_P = C_{\text{ext}} + C_{\text{ov}} \tag{8}$$

where $L_c$ is the PSC conductor length, found from [16]

$$L_c = 4 \cdot n \cdot d_0 - 4 \cdot n \cdot w - (2n + 1)^2 (s + w). \tag{9}$$

For the implanted PSC, we can utilize (2)–(9) with the exception that the dielectric layer 3 (air) should be replaced by the tissue properties, similar to layer 1, depending on the anatomical location of the implanted device.

C. Series Resistance

The series resistance $R_S$ is dominated by the dc resistance of the PSC conductive trace

$$R_{\text{DC}} = \frac{\rho_c}{w} \cdot \frac{L_c}{t_0} \tag{10}$$

where $\rho_c$ is the resistivity of the PSC conductive material, which is often a metal with low resistivity, such as gold, platinum, or...
copper. The skin effect increases the ac resistance of the PSC at high frequencies

\[ R_{\text{skin}} = R_{\text{DC}} \cdot \frac{t_0}{\delta (1 - e^{-t_0/\delta})} \cdot \frac{1}{1 + \frac{t_0}{w}} \]

(11)

where \( \delta \) is the skin depth, \( \mu_0 \) is the permeability of space, and \( \mu_r \) is the relative permeability of the metal layer [22].

Another effect that contributes to the PSC parasitic resistance is the current crowding caused by the eddy currents, illustrated in Fig. 4. When the magnetic fields of the external PSC or adjacent turns in the same PSC penetrate a planar trace normal to its surface, eddy currents are generated within that trace in a direction that opposes the changes in the magnetic field according to Lenz’ law. For example, in Fig. 4, the direction of the eddy currents corresponds to an increasing magnetic field. These currents add to the current passing through the inner side of the PSC trace, closest to the center of the spiral, and subtract from the current passing through the outer side. This conduction in the current increases the effective resistance compared to a uniform flow throughout the trace width. The modified resistance by including the effect of eddy currents can be expressed as,

\[ R_{\text{eddy}} = \frac{1}{10} R_{\text{DC}} \left( \frac{\omega}{\omega_{\text{crit}}} \right)^2 \]

(13)

\[ \omega_{\text{crit}} = \frac{s + w}{\mu_0} \frac{1}{u^2} R_{\text{sheet}} \]

(14)

where \( \omega_{\text{crit}} \) is the frequency at which the current crowding begins to become significant and \( R_{\text{sheet}} \) is the metal trace sheet resistance [23]. Therefore, \( R_S \) at the power carrier frequency can be defined as \( R_{\text{DC}} \) when it is modified by the skin and eddy current effects [24]

\[ R_S = R_{\text{skin}} + R_{\text{eddy}} \]

\[ = R_{\text{DC}} \left( \frac{t_0}{\delta (1 - e^{-t_0/\delta})} \cdot \frac{1}{1 + \frac{t_0}{w}} + \frac{1}{10} \left( \frac{\omega}{\omega_{\text{crit}}} \right)^2 \right) \]

(15)

D. Parallel Resistance

At low RF frequencies, the parallel resistance \( R_P \) in the PSC model of Fig. 1 results mainly from the dielectric loss and can reduce the PSC quality factor. Most dielectric materials used in the PSC substrate and coating have small dielectric loss, resulting in very large \( R_P \). In comparison, the tissue is significantly more conductive and its effect should be considered in a multilayer material environment.

We use the partial conductance technique combined with the conformal mapping. Dielectric losses can be described by the loss tangent of each material \( \tan(\delta) \), which is related to its conductivity \( \sigma = \varepsilon_0 \varepsilon_r \omega \tan(\delta) \). The conformal transformations required for the evaluation of partial conductivities due to different layers are similar to the partial capacitances described in Section II-B [21]. For the external coil, shown in Fig. 2, the equivalent conductance of the PSC unit length is going to be

\[ \frac{1}{R_P} = G_P = \frac{\omega \varepsilon_0}{2} \]

\[ \cdot \left[ \varepsilon_r \tan(\delta_1) K(k'_1) + (\varepsilon_r \tan(\delta_2 - \varepsilon_r \tan(\delta_3)) K(k'_2) \right] \]

\[ + \varepsilon_r \tan(\delta_3) K(k'_3) + (\varepsilon_r \tan(\delta_2 - \varepsilon_r \tan(\delta_4)) K(k'_4) \right] \]

\[ + (\varepsilon_r \tan(\delta_5 - \varepsilon_r \tan(\delta_4)) K(k'_5) \right] \]

(16)

where \( \tan(\delta_3) = 0 \) for air. The same equation can be used for the internal coil equivalent conductance.

E. PSC Quality Factor

From (1)–(16), we can derive all of the parameters needed for calculating the overall impedance and \( Q \) of the implanted and external PSCs

\[ Z = \frac{R_S + j\omega L}{(R_S + j\omega L)(G_P + j\omega C) + 1} \]

(17)

\[ Q = \frac{\text{Im}(Z)}{\text{Re}(Z)} \]

(18)

From these equations, we can infer that the higher parasitic capacitance resulting from implantation decreases the PSC quality factor, and consequently the power efficiency.

F. Mutual Inductance and Power Transfer Efficiency

A PSC can be considered a set of concentric single-turn loops with shrinking diameters, all connected in series. Therefore, once we find the mutual inductance between a pair of parallel single-turn loops at a certain coupling distance \( d \), the mutual inductance of a pair of PSCs \( M \) can be found by summing the partial values between every turn on one PSC and all of the turns on the other PSC [12], [16], [25]. Using \( M \), we can find the PSC’s coupling coefficient, which is the key parameter in power transfer efficiency

\[ k = \frac{M}{\sqrt{L_1 L_2}} \]

(19)

It can be shown mathematically that the highest voltage gain and efficiency across an inductive link can be achieved when both LC-tanks are tuned at the power carrier frequency

\[ \omega = \omega_0 = \frac{1}{\sqrt{L_1 C_{S1}}} = \frac{1}{\sqrt{L_2 (C_2 + C_{P2})}} \]

(20)
In practice, the secondary PSC is often loaded by the implant electronics $R_L$ as shown in Fig. 1. The loaded secondary quality factor at resonance can be found from [17]

$$Q_L = \left( \frac{R_{S2}}{\omega L_2} + \frac{\omega L_2}{R_L R_{P2}} \right)^{-1}.$$  (21)

The inductive link power transfer efficiency can then be calculated from PSCs’ $k$ and quality factors [16]

$$\eta_2 = \frac{k^2 Q_1 Q_L}{1 + k^2 Q_1 Q_L} \cdot \frac{Q_L}{Q_2 + Q_L}.$$  (22)

It should be noted that most aforementioned parameters in PSCs are interrelated. For example, increasing $n$ in PSCs without changing $d_1$ can increase their $L$ and $k$. However, it may also decrease $Q$ by increasing $R_S$ due to increased $l$ and reduced $w$. Therefore, there are optimal PSC geometries that would maximize $\eta_2$ as we have previously showed in [16].

Another important parameter is the $V_S$ output resistance, not shown Fig. 1, which is out of the scope of this paper and needs be considered along with the driver’s efficiency [4].

### III. Optimization of PSCs

#### A. Optimal Coil

In this section, we use the detailed models built in Section II to design three sets of coils optimized for air, saline, and muscle tissue environments. The material properties of these volume conductors are summarized in Table I [26], [27]. We have adopted the iterative design procedure, described in [16], which starts with a set of design constraints and initial conditions imposed by the PSC application and fabrication process, and ends with the optimal geometries of the PSC pair that maximizes $\eta_2$.

We have designated the size of the implant to be $10 \times 10 \text{ mm}^2$, which is reasonable for a retinal or cortical visual prosthesis [2], [6]. The nominal coupling distance between the PSCs is considered $d = 10 \text{ mm}$ and the power carrier is set at $13.56 \text{ MHz}$ to comply with radio-frequency identification (RFID) standards [17]. However, it could be set to any other band in the $0.1 \sim 50\text{-MHz}$ range, as long as it is well below the PSCs’ self resonance frequency (SRF) [28]. We have also used HFSS simulations to verify and fine tune the values suggested by the theoretical model, when they were out of the valid range of our equations (e.g., PSC31).

Table II shows the geometries of the resulting PSCs, specifically optimized for each environment along with the simulation results for $Q$, $k$, and $\eta_2$, when the PSC pair is perfectly aligned. It should be noted that $k$ is the highest in Set-1, resulting in maximum efficiency in the air. However, $Q$ of Set-1 and Set-2 are both smaller than $Q$ of Set-3 in the muscle environment, which results in Set-3 showing the highest efficiency in muscle. Further, it can be seen that for the same implant size and coupling distance, the outer diameter (side length) of the external PSC, shrinks with the increasing dielectric constant and loss tangent.

#### B. Optimal Coating Thickness

All implantable devices need to be hermetically sealed in a biocompatible material to withstand the harsh environment inside the body without causing an adverse reaction. The receiver coil in inductively powered devices, such as cochlear implants, is often embedded in ceramic, parylene, or medical-grade silicone [1]. The dielectric constant $\varepsilon_r$ of silicone coating is much lower than saline or any type of human tissue, as shown in Table I. Therefore, increasing the thickness of the coating will reduce $C_p$ and increase $R_P$ in the PSC model, both of which help increasing $Q$ and, consequently, $\eta_2$. On the other hand, increasing the thickness of the coating will increase $d$ and the volume of the implantable device (tissue displacement), both of which are undesired. Nevertheless, we found it instructive to indicate the optimal coating thickness by sweeping $l_2$ in our model (Fig. 2), while maintaining all other parameters constant.

In these model-based simulations, we considered all PSCs in the muscle environment, and maintained the distance between the outer surfaces of the PSC coatings that were facing each other at $10 \text{ mm}$. Also, the thicknesses of the coatings were considered the same for internal and external PSCs. Hence, the actual coupling distance between the two PSC windings was $d = 2l_2 + 10 \text{ mm}$.

Fig. 5 shows the results of varying the coating thickness of PSCs in Table II. It can be seen from our model that the optimal thickness for Set-3, whose geometries are optimized for the

| TABLE I | MATERIALS AND OPTIMIZED PSC GEOMETRIES AND INDUCTIVE LINK CHARACTERISTICS FROM SIMULATION RESULTS |
|-----------------|----------------------------------|-------------------|-----------------|-------------------|
| **Material** | **Air** | **Saline** | **Muscle** | **FR4** | **Silicone** |
| $f$ [MHz] | 13.56 | 13.56 | 13.56 | 13.56 | 13.56 |
| $\sigma$ [S/m] | 0.60 | 0.58 | 1.33e-4 | 2.26e-6 | 0.04 |
| $\varepsilon_r$ | 78 | 136 | 4.4 | 3.0 |
| $\tan(\delta)$ | 0 | 10.2 | 6.0 | 0.04 | 0.001 |

*Derived from [26] and [27].

*For perfectly aligned PSCs with a nominal coupling distance of $d = 10 \text{ mm}$ at $f = 13.56 \text{ MHz}$ and $R_L = 500 \text{ k}\Omega$, coated with a $300 \mu\text{m}$ layer of silicone.

*Calculation results.

*Measurement results.

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muscle environment, is a reasonable value of $t_2 \approx 300 \, \mu m$. However, the other PSCs need much thicker coatings to reach their maximum efficiencies. This is because their geometries are optimized for lower loss environments and they need thicker coatings to compensate for the additional loss in the muscle environment. Such thicknesses are obviously not realistic for implantable applications.

IV. SIMULATION AND MEASUREMENT RESULTS

Fig. 6 shows the PSC measurement setup. We have used a network analyzer (R&S ZVB4) to measure the S-parameters of each coupled PSC pair, while they were mounted vertically at a desired coupling distance using Plexiglas supports. The S-parameters were converted to Z-parameters to calculate $k$ and the quality factors from (17)–(21), which were then substituted in (22) to find $\eta_2$ [29]. In addition to measurements in air, we used two plastic bags ($\approx 50 \, \mu m$ thick), hanging from a horizontal clamp, and filled them with saline or beef to emulate implant environments. The internal PSC was sandwiched between the two bags while the external PSC was aligned with it, touching the outer surface of one of the bags (see Fig. 6). The thickness of the layer between PCSs was $t_3 = 10 \, mm$, and the layers behind the internal PSCs $t_2$ were 70 mm and 50 mm for saline and beef, respectively. The saline we used was a solution of distilled water and 9 mg/L NaCl. The beef was bovine sirloin steak, which is the muscle cut from the lower portion of the ribs. The beef temperature at the time of measurement was 10.8 °C and the saline was in equilibrium with the room temperature at 24.0 °C.

A. PSC Quality Factor

In Section III-B, we used our PSC models to find the optimal thickness of the silicone coating on the PSCs in the muscle environment. We coated one sample from each PSC pair in Table II with CF 16–2186 silicone elastomer from NuSil (Carpinteria, CA) up to a thickness of $\approx 300 \, \mu m$. Fig. 7 compares the theoretical calculation, HFSS simulation, and measurement results of PSC11 and PSC31 (both external) quality factors versus carrier frequency, with and without coating, in saline and muscle environments. It can be seen that $Q$ of both PSCs has been improved with the silicone coating as predicted earlier by our model. This improvement is more significant for PSC31, which is coated close to its optimal coating thickness. These curves also show that there is a good agreement among theoretical models, FEA-based simulations (HFSS), and experimental measurement results.

The quality factor of each PSC drops in high permittivity and high conductivity environments, and that leads to higher losses. We evaluated the effects of geometry optimizations in Section III-A on the $Q$ of PSCs in each environment. Fig. 8 shows how the $Q$ of coated PSC11 and PSC31 change versus frequency in the air and muscle environments. PSC11 is optimized for air. Therefore, at 13.56 MHz, its $Q$ decreases by 78% from 128 in air to 28 in the muscle environment due to changes in $C_P$ and $R_P$, which also result in significant reduction in PSC11’s SRF. On the other hand, the $Q$ of PSC31 decreases only by 25% from 122 in air to 92 in muscle. The agreement among calculation, simulation, and measurement results in Fig. 8 demonstrates the efficacy of the geometrical optimization algorithm and models described in Section II, which have helped to improve the PSC quality factors by a factor of $\approx 3.3$ in the muscle environment.

Optimization of the implanted PSC for the surrounding environment is influenced by the dramatic changes in the geometry of the external PSC. A comparison between PSC12 and PSC32 in Table II shows that optimization for the muscle environment has reduced $n_{32}$ and $w_{32}$, both of which reduce $C_{P2}$ and $R_{P2}$.
Fig. 7. Comparison between theoretical calculations, HFSS simulations, and measurement results of $Q$ variations versus carrier frequency of (a) PSC21 in saline and (b) PSC31 in muscle, with and without 300-$\mu$m silicone coating.

Fig. 8. Comparison between theoretical calculations, HFSS simulations, and measurement results of $Q$ variations versus carrier frequency in (a) PSC11 that is optimized for air, and (b) PSC31 that is optimized for muscle, in these two environments (see Table II for PSC geometries).

In measurements, $Q$ of PSC12 and PSC32 is reduced from 51.5 and 36.6 in the air to 42.3 and 36 in the muscle environment, respectively. Even though the optimized PSC12 offers a slightly higher $Q$ than PSC32, it has a weaker coupling to PSC31. This is mainly due to the size constraint applied to the implanted PSC (10 $\times$ 10 mm$^2$). Therefore, the resulting power transfer efficiency in muscle for Set-3 is higher than Set-1, as discussed in Section IV-B.

B. Power Transfer Efficiency

PSC pair geometries affect $k$ and $Q$, both of which are key factors in $\eta_{12}$ according to (22). Here, we compare the power transfer efficiency of the three sets of PSCs in Table II in the air, saline, and muscle environments, in Fig. 9(a)–(c), respectively, through model-based theoretical calculations, FEA simulations, and experimental measurements. The PSCs are perfectly aligned and their coupling distance on the horizontal axis includes their coating thickness (300 $\mu$m). The carrier frequency is held constant at 13.56 MHz, and the secondary PSC is loaded with $R_L = 500$ $\Omega$.

Fig. 9 curves show that each set of PSCs performs best in its designated operating environment, most important of which is the muscle, where an implantable device eventually resides. Fig. 9(c) obviously shows that a pair of PSCs that is optimized for air (Set-1) provides the worst $\eta_{12}$ when implanted in the
muscular tissue. While Set-1 PSC pair can achieve more than 70% efficiency in the air due to their high $\eta_{\text{air}}$, their $\eta_{\text{air}}$ drops to only 21.8% in the muscle environment due to degradation in their $Q$, as seen in Fig. 8(a). The Set-3 pair, on the other hand, provides $\eta_{\text{air}} > 30\%$ at $d = 10$ mm due to PSC31 smaller geometries, which is optimized for this environment. These results signify the importance of using detailed models in designing implantable PSCs, in which the effects of parasitic components have been taken into account.

Fig. 9 also shows reasonable agreement among theoretical calculations from our models, finite-element simulations, and measurement results. There are, however, small discrepancies due to the following reasons, some of which are related to our models and some are related to the measurement setup: 1) inherent limitations in the accuracy of the closed-form equations, particularly when the PSC parameters are close to or out of their valid range of parameters; 2) large line width and small number of turns, resulting from our optimization algorithm particularly for Set-3 (Table II), causing the shape of PSC13 to deviate from a perfect square with rounded corners, affecting the validity of (1); 3) secondary effects, such as fringing and capacitive coupling between the two inductively coupled PSCs, which were not included in our models; 4) manually applied silicone coating was not quite uniformly distributed on the PSC surfaces; 5) there could be small patches of air gap between the plastic bags containing the volume conductors and the outer surface of the PSCs' silicone coating; and 6) the 50-µm-thick plastic bag, made of polyethylene (PE) with $\varepsilon_r = 2.3$ and $\tan(\delta) = 0.0002$, which was considered to be part of the PSC silicone coating.

V. CONCLUSION

We have constructed detailed models and devised design paradigms for small PSCs that are meant to be fabricated on rigid or flexible planar substrates, coated with biocompatible dielectric materials, such as silicone, and implanted in homogeneous tissue environments. Various phenomena that could result in degradation of the PSC quality factors, due to coating and implantation, were considered in our models. We combined our models with an iterative PSC design procedure, previously reported in [16], to optimize the PSC geometries for providing maximum power transfer efficiency in tissue environments. This can result in lower heat dissipation, extended battery lifetime, and improved safety in neuroprosthetic devices, such as retinal or cortical implants, with demanding size constraints [30].

We validated the PSC design procedure by applying it to an exemplar 1-cm$^2$ implantable visual prosthesis operating at 13.56 MHz. We constructed finite-element analysis models in HFSS using the resulting optimal geometries and simulated them. We also fabricated several PSC pairs on FR4 and conducted experimental measurements in air, saline, and muscle environments. All calculation, simulation, and measurement results were in close agreement within the desired range of design parameters, and demonstrated the validity of the models and proposed iterative PSC design procedure. We are now utilizing the proposed method in the design and development of a multicarrier inductive wireless link for high-performance neuroprosthetic devices [31], [32]. We plan to fabricate the optimized PSCs on higher quality substrates with smaller feature size using microelectromechanical system (MEMS) technology.

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REFERENCES

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